

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743339** (4)

1. Corporation Name

KILRUSH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**2965 SHAMROCK NORTH #33
TALLAHASSEE FL 32308**

**2965 SHAMROCK NORTH #33
TALLAHASSEE FL 32308**

3. Date Incorporated or Qualified
06/21/1978

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2071300

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARDNER, ROBERT
8035 TENNYSON DRIVE
TALLAHASSEE FL 32308**

81 Name **Murtha B. Irvin**

82 Street Address (P.O. Box Number is Not Acceptable)
2965 Shamrock N #23

83

84 City **Tallahassee** FL 85 Zip Code **32308**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Murtha B. Irvin

martha B. Irvin, President

2/10/96

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **IRVIN, MARTHA B** *President*
STREET ADDRESS **2965 SHAMROCK N #23**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ DELETE
NAME **MINTOR, JOE**
STREET ADDRESS **RT 2 BOX 121L**
CITY-ST-ZIP **GREENVILLE FL**

TITLE ☐ DELETE
NAME **WILSON, JANICE M** *Treasurer*
STREET ADDRESS **2965 SHAMROCK N #14**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ DELETE
NAME **GARDNER, ROBERT**
STREET ADDRESS **8035 TENNYSON DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ DELETE
NAME **GARDNER, ROBERT**
STREET ADDRESS **8035 TENNYSON DR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME **DIXON, MARILYN** *Secretary*
STREET ADDRESS **2965 SHAMROCK #12**
CITY-ST-ZIP **TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition
12 NAME **Sandy Tucker**
13 STREET ADDRESS **2965 Shamrock N #21**
14 CITY-ST-ZIP **Tallahassee FL 32308**

21 TITLE ☐ Change ☒ Addition
22 NAME **Pat Humbert**
23 STREET ADDRESS **2965 Shamrock N #18**
24 CITY-ST-ZIP **Tallahassee FL 32308**

31 TITLE ☐ Change ☒ Addition
32 NAME **Patricia Mathes**
33 STREET ADDRESS **2965 Shamrock N #36**
34 CITY-ST-ZIP **Tallahassee FL 32308**

41 TITLE ☐ Change ☐ Addition
42 NAME ***Title - Vice President**
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Janice M. Wilson

2/8/96

661-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)